	•												
PATENT APPLICATION FEE DETERMINATION RECO								Appcation or Docke: Number					
Effective October 1, 2004									10	15	120	07	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY		OTHE	R THAN	
	TOTAL CLAIM	IS	1	(Column 2)			TYF			OF	SMALL	ENTITY	
╟┇	OR	Annue	0.50.50				RATE FEE		4	RATE	FEE		
╟	OTAL CHARG	NOMBE	RFILED	NUM	TUMBER EXTRA		BASIC FEE		OA	BASIC FE	950		
ᆘ		1	pamus 20≈				XS 9=		Ю	XS16=			
II	ULTIPLE DEPI		ทเกนร 3 =			X44:			OR	=38X	1		
		ENDEN COAIM	PHESENI				x(56=			7		 	
* If the difference in column 1 is less than zero, enter "0" in column 2							TAL		JOR		000		
CLAIMS AS AMENDED - PART II							70	IAL	<u></u>	JOR	TOTAL	950	
_	·	(Column 1)		(Calun	SMALL ENTITY			OR	OTHER SMALL				
4		CLAIMS REMAINING		HIGH		PRESENT			ADDI-	7		ADDI-	
		AFTER -		PREVIO PAID F		EXTRA	R/	TE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	· <i>35</i>	Minus	- 2		= 15	XS	25	1	1	xs:50	FEE	
SWE.	Independent	• 4	Minus	5	}	= '/	1		 	OR		750	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						~	<u>W</u>		OR	xacc	200	
		•					+			OR	. *		
			•				ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	950	
_		(Column 1)		(Colum		(Column 3)							
IT B	8/28/4	REMAINING AFTER	}	NUMB	ER	PRESENT	04	1	ADDI-	}		ADDI-	
MEN		AMENDMENT	<u> </u>	PREVIOU PAID F		EXTRA	RA	E	TIONAL FEE		RATE	TIONAL FEE	
AMENOMENT B	Total	• 75	Minus	-35		= 8. ′	xs			OR	xs		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Incependent			- /		= 6	>				,	//	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		/	
•							<u> • </u>			OR	•	/	
						٠.	. TO ADDIT.	TAL FEE	•	OR ,	TOTAL ODIT, FEE		
T		(Column 1)		(Column		(Column 3)		•				_	
ပ် (၁)		REMAINING AFTER		HIGHES	R	PRESENT	·	\Box	ADDI-	Γ	Y	ADDI-	
ğ		AMENDMENT		PREVIOU PAID FO		EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
ደ 	Total	•	Minus	••		=	XS	7		<u>_</u>	XS		
E	Independent	•	Minus	•••			>	╁		OR			
_L	MOTPHESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		 	\dashv		OR	<u> </u>		
• 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE.									OR	: }		
-11	the "Highest Nor	The Division of De	OFOR IN ITIE	SPACE is le	ss than	20, enter "20."	ADDIT, F	I ·		OR A	TOTAL ODIT. FEE		
	riignest Num	ber Previously Paid	For (Total or	Independent	is the h	ighest number to	ouad in the	appı,	opriate box	ın colui	no I,		